

Work Order # _____ Job # _____ Activity # _____

1. Work requester fills out this section

STANDING WORK PERMIT ☐

Requester: R. PISANI Date: _____ Ext. 5301 Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): C. BIGGS Ext. 7515
Work Control Coordinator _____ Start Date _____ Est. End Date _____
Description of Work / Problem: IN THE PHENIX ASSEMBLY BLD 1008 WE WILL SUPPLY
ONE OF THE 24 TEC WIRECHAMBERS WITH P-8 (92% Ar + 8% CH₄) GAS
FOR HV TESTING. THE FLOWRATE WILL BE ~50 l/min WITH THE
CHAMBER VOLUME OF 220l. THE GAS WILL BE VENTED TO THE
OUTSIDE. HV IS SUPPLIED BY EXTERNAL UNIT WITH 1mA CURRENT LIMIT.
Building 1008 Room AA Equipment _____ Service Provider BNL TECHS/EXP.

2. Work requester, service provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H Analysis

RADIATION CONCERNS ☒ NONE ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved, notify Isotope Special Materials Group ☐ Fissionable materials involved, notify Laboratory Criticality Officer

SAFETY CONCERNS

☒ NONE
☐ Adding / Removing Walls or Roofs ☐ Confined Space* ☐ Explosives ☐ Lead* ☐ Penetrating Fire Wall
☐ Asbestos* ☐ Corrosive ☐ Flammable ☐ Magnetic Field ☐ Pressurized Systems
☐ Beryllium* ☐ Cryogenic ☐ Fumes/Mist/Dust* ☐ Material Handling ☐ Rigging/Critical Lift
☐ Biohazard* ☐ Electrical ☐ Heat/Cold Stress* ☐ Noise* ☐ Toxic Materials*
☐ Chemicals* ☐ Elevated Work* ☐ Hydraulic ☐ Non-ionizing Radiation ☐ Vacuum
☐ Excavation ☐ Lasers* ☐ Oxygen Deficiency* ☐ OTHER _____
*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☐ No

ENVIRONMENTAL CONCERNS

☒ NONE
☐ Atmospheric Discharges (rad/non-rad) ☐ Liquid Discharges ☐ Work impacts Environmental Permit No. _____
☐ Chemical or Rad Material Storage or Use ☐ Oil / PCB Management ☐ Soil activation/contamination ☐ Waste - Mixed
☐ Cesspools (UIC) ☐ Protected areas / species ☐ Waste - Clean ☐ Waste - Radioactive
☐ High water / power consumption ☐ Spill potential ☐ Waste - Hazardous ☐ Waste - Regulated Medical
☐ OTHER _____

Waste disposition by: N/A

POLLUTION PREVENTION (P2) / WASTE MINIMIZATION OPPORTUNITY: ☐ None ☐ Yes

Facility Concerns

☒ NONE
☐ Access/Egress Limitations ☐ Impacts Facility Use Agreement ☐ Temperature Change ☐ OTHER _____
☐ Configuration Control ☐ Maintenance Work on Ventilation Systems ☐ Utility Interruptions
☐ Electrical Noise ☐ Potential to Cause a False Alarm ☐ Vibrations

Work Controls

WORK PRACTICES ☒ NONE ☐ Exhaust Ventilation ☐ Lockout/Tagout ☐ Spill Containment
☐ Back-up Person/Watch ☐ HP Coverage ☐ Posting/Warning Signs ☐ Time Limitation
☐ Barricades ☐ IH Survey ☐ Scaffolding - requires inspection ☐ Warning alarm (i.e. "high level")

PROTECTIVE EQUIPMENT ☒ NONE ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☐ Safety Harness
☐ Disposable Clothing ☐ Face Shield ☐ Hard Hat ☐ Shoe covers ☐ Safety Shoes ☐ OTHER _____

PERMITS REQUIRED *Initial next to box to show who has responsibility to generate the permit. Permits must be valid when job is scheduled.*
(Please attach) ☒ NONE ☐ Cutting/Welding ☐ Impair Fire Protection Systems
☐ Concrete/Masonry Penetration ☐ Digging/Core Drilling ☐ Rad Work Permit - RWP No. _____
☐ Confined Space Entry ☐ Electrical Working Hot ☐ OTHER _____

DOSIMETRY/ MONITORING ☒ NONE ☐ Heat Stress Monitor ☐ Real Time Monitor ☐ TLD
☐ Air Effluent ☐ Noise Survey/Dosimeter ☐ Self-reading Pencil Dosimeter ☐ Waste Characterization
☐ Ground Water ☐ O₂/Combustible Gas ☐ Self-reading Digital Dosimeter ☐ OTHER _____
☐ Liquid Effluent ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump

Training Requirements (List below any location specific training requirements)

PHENIX USER TRAINING, ELECTRICAL + GAS SAFETY TRAINING

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

ES&H Risk Level: ☒ LOW ☐ MODERATE ☐ HIGH

Complexity Level: ☒ LOW ☐ MODERATE ☐ HIGH

Work Coordination: ☒ LOW ☐ MODERATE ☐ HIGH

Note: If all the ratings are LOW, the Work Control Coordinator and Service Provider must sign for concurrence on the back side. Further review of the work permit is **not** required. If any ratings are MODERATE or HIGH, the entire permit must be completed.

3. Both work requester and service provider coordinate on work plan (use attachments for detailed plans)

Work Plan: (procedures, timing, equipment, and personnel availability need to be addressed) _____

Special Working Conditions Required: _____

Operational Limits Imposed: _____

Post Work Testing Required: _____

Job Safety Analysis Required ☐ Yes ☒ No Walkdown Required ☐ Yes ☒ No

Reviewed By: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	_____	_____	_____	_____
ES&H Professional	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Work Control Coordinator*	Peter J. Kroon	PJ Kroon	17505	9/24/02
Service Provider*	CARTER BIGGS	Carter Biggs	15639	11

*Only signatures required for concurrence on LOW rated jobs. Review done: ☐ in series ☐ team

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Site Supervisor ROBERT PISANI Contractor Supervisor _____

Workers: CARTER BIGGS Life # 15639 Workers: _____ Life # _____

ACHIM FRANK 21730

ROBERT PISANI 21317

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name _____ Signature _____ Life # _____ Date _____

6. Work Requester determines if Post Job Review is required ☐ No ☐ Yes (Fill in names of reviewers)

Post Job Review:

Name: _____ Signature _____ Life #: _____ Date: _____

Name: _____ Signature _____ Life #: _____ Date: _____

7. Worker provides feedback

Worker Feedback: _____

8. Work Control Coordinator (requesting dept.) checks quality of completed permit and closes out

Closeout: Name _____ Signature _____ Life #: _____ Date: _____

Comments: _____